

Pleasanton Public Library LIBRARY CARD REGISTRATION

Please Print

Name:			
	Last	First	Middle Initial
Mailing Address:			
-	Address/P.O. Box		Apartment
	City	State	Zip Code
	(Please provide a physical address on the home address line below, if a P.O. Box is listed)		
Home Telephone:	()	Work Telephone: ()	
E-Mail:			
	(Please provide email address if you wish to receive hold, reminder and overdue notices via e-mail.)		
	Would you also like to receive e-mail announcements of special library events and programs?		
	Please check your choice:	Yes No	
Home Address (If different from above):			
,	,		
PIN (Please provide a four digit Personal Identification Number)			
California Driver's	License/ID No		
Year of Birth: Note: California law requires that library regis			ornia law requires that library registration
		and circula	tion information be strictly confidential.
LAGREE to follow:	all library rules to pay promptly	all charges for lost ar	nd damaged materials and to give
I AGREE to follow all library rules, to pay promptly all charges for lost and damaged materials and to give immediate notice of any change of address or loss of library card. I understand that I am responsible			
for all materials checked out on this card. The Library has contracted with a collection agency to assist in recovering non-returned library materials and unpaid fines. Accounts sent to the collection agency will			
have a non-refundable \$10.00 service charge added to the balance. Possession of a library card provides access to all print and non-print library materials.			
SIGNATURE OF APPLICANT:			
	ne responsibility of the parent/le		erial. Any restriction of a child's en's Librarians are available to give
PAREN'	T/LEGAL GUARDIAN SIGN	ATURE:	
			(For under age 14)
California Driver'	s License or ID of parent/legal	guardian:	
FOR OFFICE USE ONLY	······································		

_ Staff Initials: __

_____ Date: __

Bar Code: 21999_ Updated: 07/1/2017